



CHILD CARE SERVICES

City of Bloomington
Community & Family Resources Department
City Hall at Showers
401 N. Morton Street, Room 260
P. O. Box 100
Bloomington, Indiana 47402
(812) 349-3430 Fax: (812) 349-3483

Verification of Earnings

Employee Name: _____

Social Security Number: _____

Date: _____

Dear Madam or Sir:

_____ has applied for or is receiving assistance from the City of Bloomington Child Care Services Department. In order to determine his/her eligibility, the caseworker must have complete knowledge of his/her earnings. Please answer each of the following questions. Thank you.

Sincerely,

Child Care Services

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1. Date employee started work: _____
 2. Wages per hour: _____ Total hours per Week: _____
 3. Days employee works: _____ Hours employee works: from _____ am/pm to _____ am/pm
 3. Are tips, overtime or incentive pay received? Yes or No _____ If yes estimate average per week: _____
 4. Is pay received: Weekly Bi-weekly Semi-Monthly Monthly Other _____ (please circle one).
 5. Pay period begin: _____ Pay period end: _____
 6. Date first or next pay will be received: _____

If you have any questions, please feel free to call us at (812) 349-3430.

Signature of Employer

Name of establishment

You may FAX info to (812) 349-3483

Phone